

**APPLICATION FOR NEW HAMPSHIRE LICENSED PLUS QUALITY RATING – FAMILY CHILD CARE HOME  
OPTION 1**

**CHECK TYPE OF APPLICATION:**

☐ NEW

☐ RENEWAL (EVERY 3 YEARS)

PROGRAM NAME: \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED DURING DAYTIME HOURS: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

ACTUAL LOCATION ADDRESS:

STREET	CITY/TOWN	STATE	ZIPCODE
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MAILING ADDRESS (IF DIFFERENT):

STREET/PO BOX	CITY/TOWN	STATE	ZIPCODE
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NAME OF FAMILY CHILD CARE PROVIDER:

EMAIL ADDRESS: \_\_\_\_\_

**INSTRUCTIONS:**

- It is mandatory that you document compliance with the **eleven required standards**, which are highlighted and marked with an asterisk in the left hand column. In addition, select and demonstrate compliance with five additional standards for a total of **sixteen standards**.
- Required documentation must accompany this form. Each item of documentation should be labeled in red in the upper right hand corner with the corresponding standard number. For example, the copy of your license will be labeled with a red "1" on the upper right corner.
- Note that standards 11 and 19 require that the family child care provider initial a statement verifying that the standard has been met. The verifying statements in standards 2 and 15 are required if the provider chooses that option, either in addition to or in lieu of submitting documentation.
- Tally the entries in the right hand column to confirm that you have selected, documented and/or verified compliance with a total of **16** standards.
- **If you are certified** by the Department of Health and Human Services, Division for Children, Youth and Families (DCYF), to provide child care services for children in preventative or protective care, please place a check mark in the appropriate box below, and **include a copy of your current certification**.

☐ Yes, I am certified by DCYF

☐ No, I am not certified by DCYF

- Programs that have been issued a Licensed Plus Certificate will be required to complete and submit an Update form annually, indicating any changes, along with supporting documentation.
- Keep a copy of this application and supporting documentation for your records.
- If you have questions or need further information contact the Licensed Plus Program at 271-4829 or 1-800-852-3345, Extension 4829, or view the licensed plus web site at:
- Submit this application and required documentation to:

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF PROGRAM SUPPORT, BUREAU OF CONTINUOUS IMPROVEMENT AND INTEGRITY  
129 PLEASANT STREET, CONCORD, NH 03301-3857  
ATT: LICENSED PLUS PROGRAM SPECIALIST

<b>LICENSED PLUS STANDARDS</b> <b>FAMILY CHILD CARE HOME</b> (OPTION ONE)		<b>DOCUMENTATION REQUIREMENTS</b>  PLACE A CHECK MARK ✓ IN THE COLUMN TO THE RIGHT OF EACH APPLICABLE STANDARD TO INDICATE THAT YOU HAVE ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AND OR INITIALED THE VERIFICATION STATEMENT WHERE REQUIRED.	
<b>REGULATION</b>			
<b>*</b>	My license, issued by the NH Department of Health and Human Services is current and is not conditional or suspended.	Copy of your current license. <b>LICENSE NUMBER:</b> _____	
<b>ADMINISTRATION &amp; BUSINESS PRACTICES</b>			
<b>*</b>	2. Choose one of the following 2 options and indicate your choice by placing a check mark in the corresponding check box.  <input type="checkbox"/> A. I have completed a one-year operating budget and have liability insurance coverage  <input type="checkbox"/> B. The family child care provider's initials below verify that applicable taxes have been/will be filed annually.  Initials: _____	Copies of a current projected one-year operating budget and written proof of liability insurance coverage.	
	3. The program has written personnel policies and/or a staff handbook that details the programs current personnel policies.	Copy of your current policies and procedures manual or staff handbook.	
	4. There are written job descriptions for each paid position.	Copy of written job description for each paid position.	
<b>LEARNING ENVIRONMENT</b>			
<b>*</b>	5. At least one current employee has attended a workshop in the past twelve months incorporating New Hampshire Early Learning Guidelines.	Copy of a certificate of attendance documenting that in the past 12 months at least 1 employee has attended a workshop incorporating NH Early Learning Guidelines.	
	6. The program has a written curriculum statement that outlines and explains the program's current curriculum.	Copy of your curriculum statement that may include a philosophy or vision statement, staff handbook, and/or parent handbook or other written document that includes your program's current curriculum statement.	
	7. The program has a written curriculum plan.	Copy of the current curriculum plan used in your program.	
<b>PARENT/FAMILY INVOLVEMENT</b>			
<b>*</b>	8. The families of enrolled children are welcome in the program at all times.	Evidence of communication to families of enrolled children that they are welcome in the program, which may include a written policy statement, parent handbook, a picture of a welcome sign, welcome letter or other written communication which conveys this policy to parents.	
<b>*</b>	9. Program policies are communicated to the parents/families of enrolled children via a parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication.	Copy of your parent/family information packet or handbook, enrollment materials, contract, welcome letter or other written communication that informs parents of the program's policies.	

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<b>PARENT/FAMILY INVOLVEMENT (CONTINUED)</b>			
<b>*</b>	10. The program communicates with parents/families of enrolled children, in writing, on a regular basis.	Evidence of this practice that may include but is not limited to a copy of parent newsletter, sample copy of weekly communication log or sample copies of memos to parents.	
	11. The initials of the family child care provider below verify that the program offers all parents of enrolled children a parent/teacher conference on an annual basis. Initials: _____		
	12. The family child care provider has completed a strengthening families self-assessment form.	Copy of the completed Self-Assessment Form, strategies 1 –7, signed by the provider. Note: the forms can be downloaded from : <a href="http://www.cssp.org/uploadFiles/handbook.pdf">www.cssp.org/uploadFiles/handbook.pdf</a> Pages 28 - 57	
<b>CHILDREN WITH SPECIAL NEEDS</b>			
<b>*</b>	13. Children and families of all abilities are welcomed, the program is modified and reasonable accomodations are made to maintain children with special needs in the program.	Written documentation that explains the inclusive policy and demonstrates that the program welcomes children and families of all abilities, makes modifications and reasonable accommodations to maintain children with special needs in the program, and supports employed staff in their professional development, which may include a statement in your parent/family handbook with the applicable pages highlighted, promotional materials, and/or other written parent communication.	
<b>PROFESSIONAL DEVELOPMENT</b>			
<b>*</b>	14. All family child care providers and workers have completed a minimum of 9 hours annually of professional development activities, including early childhood education, management, administration or leadership.	Copy(ies) of a completed training or education log, signed by the family child care provider, for the family child care provider and family child care workers.	
<b>*</b>	15. Choose one or both of the following two options, as applicable, and indicate your selection by placing a check in the box provided.  <input type="checkbox"/> The initials of the family child care provider below verify that professional development plans are in place for family child care providers and workers. Initials: _____  <input type="checkbox"/> Family child care providers and workers have achieved Minimum Level 1 Credential from the New Hampshire Early Childhood Professional Development System, administered by DHHS, Child Development Bureau.	Copy of one completed professional development plan with name removed.  Copy of credentials at Minimum Level I.	

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<b>STAFF QUALIFICATIONS AND COMPENSATION</b>			
*	16. List of benefits provided (including paid vacations, holiday, and health insurance.)	Copy of benefits provided to the family child care provider and paid staff or parent/family communication indicating days off for which the program's employees will be compensated.	
	17. The family child care provider has at least 12 college credits in early childhood education and/or child development.	Copy of relevant transcript(s) or degree received.	
	18. The program has a written salary scale, which indicates compensation ranges for positions based on qualifications and tenure.	Copy of your current written salary scale.	
<b>PROGRAM EVALUATION</b>			
*	19. The initials of the family child care provider below verify that parent surveys have been distributed to parents of enrolled children within the past 12 months.  Initials: _____	Copy of your parent survey.	
	20. An environmental rating scale (ECERS, ITERS, FDCRS, SACERS, ECERS-R, ITERS-R) has been completed for the program.	Copy of your environmental rating scale report. Note: For more information on how to obtain the environmental rating scale(s) click on the following link or log on to: <a href="http://www.fpg.unc.edu/~ecers/">www.fpg.unc.edu/~ecers/</a>	
	21. The program has a written improvement plan based on evaluation tools chosen by the family child care provider.	Copy of your current written improvement plan.	
PLEASE TOTAL THE STANDARDS DOCUMENTED WITH THIS APPLICATION TO ENSURE THAT YOU HAVE DEMONSTRATED COMPLIANCE WITH 16 STANDARDS, INCLUDING THE 11 MANDATORY STANDARDS, AND THE 5 ADDITIONAL STANDARDS YOU SELECTED.			_____

<b>THE FOLLOWING SECTION MUST BE COMPLETED AND SIGNED BY THE FAMILY CHILD CARE PROVIDER.</b>	
By signing below, I hereby verify that: <ul style="list-style-type: none"> <li>I have read and understand the Licensed Plus Quality Rating Standards and the requirements for the application process.</li> <li>I understand that a Licensed Plus Program Specialist may visit my program to discuss the application, offer consultation, and review applicable records for compliance.</li> <li>I understand that submission of false or misleading documents will be considered fraudulent, which may result in revocation of my NH Child Care Agency License, billing privileges with the Department, and my Licensed Plus Quality Rating.</li> <li>All information provided as part of this application and in all attachments is true and accurate to the best of my knowledge.</li> </ul>	
Family Child Care Provider Signature: _____ Date Signed: _____	